Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01/24/2009	Address:	U.S. 31 @ SHADY LANE
Case #:	<u>43F26668</u>		COLUMBUS, IN.
County:	BARTHOLOMEW		
Type of Laboratory Seizure (check one) Seizure		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all the Lithium Lithium Red Photo	nd: Location (bedroom, kitchen, open air apply) /Ammonia Reaction(s): osphorous/Iodine Reaction(s): ble Solvents: teactive Metal (Lithium): ous Ammonia: IN TANK IN CAR hloric Acid Gas Generator(s): ve Acid: ve Base: tern and location):	r, etc)	
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking Log ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☐ Other: This report is to be faxed to the following agencies that serve the location: Fire Department: COLUMBUS FIRE Fax: 812-376-2568 Health Department: BARTHOLOMEW CO. Fax: 812-379-1040 Fax: N/A			
Child Protection Service: N/A For further information regarding this methamphetamine laboratory, contact Investigating Officer; TRP, MARTIN A. MEAD Phone 812-522-1441			

^{**} This form is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.